

Foster Family Home - Corrective Action Report

Provider ID: 1-160007

Home Name: Lani Abara, CNA

Review ID: 1-160007-3

91-1032 Hamana Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 12/10/2018

End Date: 12/19/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 12/10/18. Corrective Action Report issued during home visit with all items due to CTA by 1/10/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - No Doctor's order present for a medication that is listed on the Client #2 MAR.

David Ayling RV
Compliance Manager

Lani Abara
Primary Care Giver

12/10/18
Date

12/10/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LANI ABARA FOSTER HOME
CCFFH Address: 91-1032 HAMANA ST; EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52(C)(5)	I have received a Doctor's Order for a medication listed on the MAR from the CNA.	12/11/18	I will check all Doctor's order and MAR from CNA upon admission of the client to my CCFFH.

Primary Caregiver's Signature: Lani M. Abara

Print Name: LANI M. ABARA

Date of Signature: 12/18/18